

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

19165

Registrar's No.

106

FILED JUN 10 1943

Registration District No.

Primary Registration District No.

3072

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 573 W. North
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 38 years
years, months or days

3. (a) PRINT FULL NAME BENJAMIN H. DUNCAN

3. (b) If veteran, ✓ name war _____
3. (c) Social Security No. 500-03-1420

4. Sex male 5. Color or Caucasian 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Dora Fletcher 6. (c) Age of husband or wife if 29
alive _____ years
7. Birth date of deceased Feb. 29 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 2 28 hr. _____ min.

9. Birthplace Warren, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business _____

MOTHER FATHER { 12. Name John H. Duncan
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)
14. Maiden name: Mary Davis
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Dollie M. Butcher

(b) Address 573 W. North St.

17. (a) Burial (b) Date thereof May 15, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge P. Smith

18. (a) Signature of funeral director J. Leslie Smith

(b) Address Marshall, Mo.

19. (a) 5-18-43 (b) Mo. T. O'Connell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 573 West North
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1943 hour 8:30 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 1941 to May 17 1943
that I last saw him alive on May 17 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Pulmonary Embolism
Duration 5 yrs?

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature W. H. O'Connell (M. D. or other)

Address Marshall, Mo. Date signed 5/18/43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1215

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-9-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. Fredrick Sussman

Licensed Embalmer No. 3235

P. O. Address...Mandall, N.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.